

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 24 PM 12: 59

1. Name of Limited Partnership

1a. DOCUMENT #
A30558

**THE FAIRWAYS GROUP OF DELAWARE LIMITED
PARTNERSHIP**



012/1

Mailing Address 9540 CENTER ST SUITE 300 MANASSAS VA 20110		Principal Office Address 9540 CENTER ST SUITE 300 MANASSAS VA 20110		3. Date Formed or Registered 09/05/1990	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 54-1534085	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE FAIRWAYS GROUP ASSOCIATE	9540 CENTER ST., SUIT	MANASSAS VA 22110	G93138900038

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mark A. Burne DATE 11-12-98
Typed or Printed Name of General Partner Signing Form Mark A Burne # President & CEO Daytime Telephone Number 703-330-5300

CR2E003 (8/98)